## STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE

## JUROR QUALIFICATION QUESTIONNAIRE

**Dear Prospective Juror:** Your name has been drawn by random selection for jury service from Secretary of State records. The full cooperation of every citizen is necessary if our system of justice is to function fairly and efficiently. You are required to answer and return this Qualification Questionnaire within 10 days after receiving it. Refusing to answer or making untruthful answers could result in fine, imprisonment, or both for contempt of court.

## PLEASE PRINT CLEARLY

1. Last name	First name	9		Middle initial	2. Date of	of birth		
3. Mailing address	City	State	Zip code	4. Round trip mil	es from ho	me to court		
5. In what county do you live?       6. Indicate city, township, or village in which you live.								
	□ City	🗌 Township	🗌 Village	of:				
7. Cell phone number	8. Home	e phone number		9. Work phon	e number			
10. E-mail address								
Check the boxes that apply.								
11. Are you a United States citizen?		🗌 Yes	No					
12. Can you speak and understand English?					□ Yes	□No		
<ol> <li>Are you physically and mentally able to carry out the functions of a juror? If no, explain:</li> </ol>					□ Yes	No		
14. If you are 70 years of age or olde (People 70 or older are exempted by Stat		□ Yes	No					
15. Have you been paid as a juror du lf yes, where?		□ Yes	No					
16. Have you ever been convicted of If yes, in which state?		□ Yes	□ No					

(\*A felony is defined as a violation of a state or federal law for which the offender, upon conviction, may be punished by death or by imprisonment for more than 1 year, or an offense expressly designated by law to be a felony.)

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature

**Note:** With appropriate documentation, additional exemptions from jury service are available to active duty service members and their spouses, to nursing mothers, and to individuals who are participating in the address confidentiality program. Contact the court named above for details.

FOR USE BY JU	RY BOARD ONLY		
		Date	Signature of jury board member